## EXHIBIT C

Gase 00-10725-gw2 D00 8598	PRO	OF OF CLAIM	is.su Pay	<del>e 2 01 11</del>
Name of Debtor Case N		mber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative examining after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address  MONIGHETTI PETE 6515 FRANKIE LANE PRUNEDALE CA 93907  Creditor Telephone Number ( )		statement giving particulars		BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT BTORS addy filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Chock bero replac	res	
		Check here replace of fithis claim amen	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM  Goods sold  Personal injury/wrongful death	_ Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	_	salanes and compensation (i	fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS # compensation for services per	rformed from	,
	Oripaid C	ompensation for services per	nomed nom	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best descr	ibe your claim and state the amor	unt of the claim at th	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or by exceeds the value of the property securing it or if c) none or only part of y entitled to priority.		a nght of setoff)		ed by collateral (including
UNSECURED PRIORITY CLAIM	· <u>-</u>	Bnef description of	_	F-11
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority		Value of Collateral		
Amount entitled to priority \$ Specify the priority of the claim		secured claim, if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	г	Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	ــــــ *	services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go		• ,,,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u></u>	Other Specify applicable para * Amounts are subject to adjust		
	<del></del>	with respect to cases commen		
I ALUME CASE FILED		1,963,55 \$	<del></del>	\$ 1,509,96353
(unsecured)  Check this box if claim includes interest or other charges in addition to t		secured) amount of the claim Attach ite	( priority) mized statement of	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts, court judgments mortgages security DOCUMENTS If the documents are not available explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of the	cuments, su agreement documents	uch as promissory notes pure is and evidence of perfection are voluminous attach a sur	thase orders involution of lien DO NOT mmary	oices itemized statements of F SEND ORIGINAL
proof of claim	-A 1	1/24/24	IOT T	
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pn for each person or entity (including individuals, partnerships,	n, prevailin	ig Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO	, [	FILED
BMC Group Attn USACM Claims Docketing Center	BMC Gro	up ACM Claims Docketing Cente	,	
P O Box 911	1330 Eas	t Franklin Avenue		NOV 10 2006
El Segundo CA 90245-0911  DATE  StGN and point the name and title if any of the		do CA 90245		LIGA CMO
11 8 CC (this Claim (attach copy of power of attor		. Strop person additionable to file		USA CMC

Case 06-10725-gwz Doc 8599-3 Entered 07/10/11 15:13:36 Page 3 of 11 **FÓRM B10 (Official Form 10) (10/05)** 

Ottas Dis (Ciliotal Cilii 15) (15/55)				
United States Bankruptcy Court	Dis	TRICT O	Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case I	Number 0	6-10725-LBR	
NOTI: This form should not be used to make a claim for an administrative expense me	strative expo ny be filed p	ense arisin Dursuani id	g after the commencement 0 11 USC § 503	
Name of Creditor (The person or other entity to whom the			ou are aware that anyone a proof of claim relating to	
debtor owes money or property) Walter Musso & Barbara Musso Trustees of the Musso Living Trust dated 11/30/92	your	claim A ng particul	ttach copy of statement ars	
Name and address where notices should be sent Walter Musso	notic	es from s	ou have never received any he bankruptcy court in this	
P O Box 2566		ck box if t	he address differs from the	
Avila Beach, CA 93424 Telephone number 805-595-2123		ess on the court.	envelope sent to you by	THIS SIMCE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here is claim	replaces amends a previously fi	iled claim dated
1 Resis for Claim			tiree benefits as defined in	
Goods sold Services performed		La La	ges, salaries, and compen st four digits of your SS #	
Money loaned			paid compensation for se	rvices performed
Personal injury/wrongful death Taxes Other See Exhibit A		fro	(datc)	_ to
2. Date debt was incurred November 21, 2003	3.	if cour	t judgment, date obtaine	eq.
4 Classification of Claim. Check the appropriate box or boxes to	hat best des	cnbe you	r claim and state the amoun	nt of the claim at the time case filed
See reverse side for important explanations.  Unsecured Nonpriority Claim \$_623,004.79		Secure	ed Claim	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claim, or none or	a right	of setoff)	n is secured by collateral (including
only part of your claim is entitled to priority  Unsecured Priority Claim			Brief Description of Collate  Real Estate Moto	eral  r Vehicle Other
Check this box if you have an unsecured claim all or part of entitled to priority	which is	1	Value of Collateral \$_U nt of arrearage and other ch	Inknown larges at time case filed included to
Amount entitled to priority \$		secure	d claim, if any \$ 8,308	59
Specify the priority of the claim.		Up to \$2	,225* of deposits toward pes for personal, family, or	ourchase, lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	or —	§ 507(a)	(7)	
	∐ □ 081 mi		•	nental units - 11 USC § 507(a)(8) oh of 11 USC § 507(a)()
Wages, salarics, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier - 11 U S C § 507(a)(4)	xors ∐ <i>≀A*</i>	nounts ar	e subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. \$ 5070		with resp	pect to cases commenced of	n or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	3	623,00	4 79 623.004.79 (secured)	(pnority) 623,004 79 (Total)
Check this box if claim includes interest or other charges in ac interest or additional charges.	idition to th			
6. Credits The amount of all payments on this claim has bee making this proof of claim	n credited a	and deduc	ted for the purpose of	THIS SPACE IS FOR COURT USP ONLY
7 Supporting Documents: Attach copies of supporting documents	nents, such	as promis	ssory notes, purchase	
orders invoices itemized statements of running accounts, cont	racts, court	judgment	a madanan tanımı	LED JAN 1 6 2007
agreements, and evidence of perfection of lien DO NOT SE documents are not available, explain If the documents are vol			•	ILLU DAN I U COO
8. Date-Stamped Copy To receive an acknowledgment of the	filing of you	ur ciaım, e	enclose a stamped self-	
addressed envelope and copy of this proof of claim  Date  Sign and print the name and title, if any, of	the credito	r or other	person authorized to	
file this claim (attach copy of power of attach	omey if an	y) /	-	
1/8/07 10 Ml Donne -	TAM	_ بال		USA CMC

Unund States Bankruptcy Court	DISTRICT OF Neverda	PROOF OF CLAIM
Nume of Dahler USA Commercial Mortgage Company	Case Number 06-16725-LBR	PAGOI OI GLAM
NOTE. This form should not be used to make a claim for an administ the union. A "negatal" for payment of an administrative expense on	eralise expense extrag after the communicated ty be filed pursuant to II U.S.C. § 103	7
Name of Crainer (The person or other entity to whom the Jetter awar 1875 Savings Barik Custodian for NANCY R. GILMOUR IRA	Check Dox if you are aware that anyone eithe has filed a proof of stalm relating to your claim. Attach copy of stalement gring porticulars.	
Name and address where sources should be sent. Namey R. Gilmour PO Box 1241	Check box if you have never received an notices from the bankrupkey open in this rate.  Check box if the editions deliver from the	
Campno siand WA 95292-1241 Telephone number 960-387-9807	apprompt the envelope with to you by the court	THAN SHALE ON HIM COLUMN UNIFORMY
List four digits of account or other number by which creditor legislies debies. 7180	Check here inspired  If this claim amends a proviously for	let clam, deted
Cande optd Services performed Money touned Personal injury/wrongen death Thum Other See Exhibit A	Rating benefits as defined in Wager salaries, and compan Lesi four digits of your SS & Unpaid compansation for selfrom (date)	sation (fill out below)
Date debt was incurred: 11/21/05		
Insecured Nonpriority Claim \$ 203.094.11  Check this box if, a) there is no collected or lien program your if your claim exceeds the value of the property specifing it, or if o) nowly part of your claim is estilled to provity  Insecured Priority Claim  Check this box if you have an unsecured claim, all or part of withing to priority  mount entitled to priority \$	Amount or supply of sensity.  Brial Description of Collater  Anterior Real State Motor  Value of Colleteral 5, 116  Amount of strenges and other the secured claim. If any: \$ 3,004.  Up to \$2,225° of departs toward put or services for prenount, family at his \$ 507(3)(7)  Taxon or ponsities awed in government of the services to cause complete or with respect to cause complete on \$ 203,004,17	Vehicle Other- rges at time case filed included in  11  scheen, issue, or ristal of property casehold une - 1) U.S.C  inter unus - 11 U.S.C, § 507(a)(8),  of 11 U.S.C § 507(a)(a),  itor and every 3 years thereafter or ofter the date of equivariant.  203.004 11
Check that box if slaum uncludes interest or other charges in addit utilities of additional charges.  Credito:  The amount of all may made on the clates has been a		lik he managets bezinnen of All
muking this proof of claim.  Supporting Decements: Attack copies of supporting document onices, involves, themseld statements of running accounts, contract agreements, and outdence of perfection of 1 on DO NOT SEND documents are not available, explain, if the documents are not available, explain, if the documents are volumb Dada-Stamped Copy. To receive an acknowledgment of the film sociented anyology and copy of this proof of claim.  Sign and prior the name analysis, if say of the file this plain (attach copy of power of attorney OO/OT).	y, such as promissory news, punchase is, court judgments, mongages, accurity ORIGINAL EXOCUMENTS. If the news, attended, activity of your claus, enclose a stamped, activity of your claus, enclose a stamped, activity of your claus, enclose a stamped, activity of other persons authorized.	FILED JAN 11 20
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		#   #   #   #   #   #   #   #   #   #

United States Bankruftey Court	DISTRICT OF Nevada PROOF OF CLAIM
Nume of Dahlim USA Commercial Mortgage Company	Case Nember 06-10725-LBR
PICTE. This form should not be used to make a claim for an administ the case. A "requisi" for payment of an administrative expense we	
Name of Craffer (The person or other eatily to whom the Inter awas First Seving Balik Custodian for NANCY R. GILMOUR IRA	Check Box If you are aware that snyoes else has filed a perior of stalm relating to your claim. Attach papy of malament giving personiers.
Name and address where notices should be sent Namey PL Gamour PO Bost 1241	Check box if you have pover received any notices from the bankruptcy object in this case.  Check box if this estatement defines than the
Campho (stand: WA 88292-1241 Telephone number: 580-387-8807	addition on the on values next to you by the court.
Last four digits of account or other number by which creditor dentifies debtor 7180	Check here Implaces of previously filed clears, deced
Backs for Claim   Goods sold     Sarvices performed     Money loaned     Perford Many/Pringful death	Ruting transities as defined in 11 U.S.C. § 1114(a) Wagen, salaries, and entopensation (fill out builder) Last four digits of your SS 4; Uppaid companiation for services performed from to
Taxes See Exhibit A	(dose) (dose)
2. Date debt was incurred 11/21/05	3. If court judgmous, date absolute:
See several sub- for experient explanations University Claim 5, 203,004.11	ist bust describe your claim and state the amount of the claim at the time case if  Secured Claim  Check that box if your claim at tecared by collateral (including
Unsecured Nonpriority Claims \$ 203.004.11  V Check this box if: a) there is no colleged or then securing you by your claim exceeds the value of the property specifing it; or if o) bely part of your staim is estitled to property specifing it; or if o) bely part of your staim is estitled to property.  Innocured Priority Claim  Check thus box if you have an unsecured cisim, all or part of a particled to priority.  Amount entitled to priority 5	Separad Chiam  Check that box if your claim is secured by collegal (including none or a right of securition of Collegard  Real Bases Motor Vehicle Other—  Value of Collegard S. Herkmouth  Amount of arrange and other charges at time case filed included accured claim. If any: 3.3.006.11  Up to \$5.325° of deposes toward purchase, form, or result of proper or services for personal, family or household use -11 U.S.C \$ 507(a)(7)  Throat or possibles awad to governmental units -11 U.S.C \$ 507(a)(7)  Throat or possibles awad to governmental units -11 U.S.C \$ 507(a)(7)  Throat or possibles awad to governmental units -11 U.S.C \$ 507(a)(7)  Throat or possibles awad to governmental units -11 U.S.C \$ 507(a)(7)  Amounts are subject to adjustment an district and every it years thereals.  (X5).
Unsecured Nonpriority Cinhon S_203_004_11  V Check this box if a) there is no collected or then securing you of your claim exceeds the value of the property securing it, or if c) party part of your claim is catified to priority innocured Priority Cinhon  Check this box if you have an unsecured cishon, all or part of we patified to priority  Important to priority  Important approximation of the claim.  Doubleste support obligations under 11 U.S.C. & 507(a)/1(A) or all 1(B)  Where, anterior, or commissions (up to \$10,000).* assured within any history filing of the banking only pathon or considered of the double interest pathon or considered of the double interest pathon or considered of the double interest of the collection of the double interest of chairs at time Case Fibrat.  Check this box if alarm includes interest or other charges in additional charges.	Separad Chiam  To Check that box if your claim is secured by collegal (including none or a right of securition of Collegard  Real Base  Motor Vehicle  Other—  Value of Collegard  S. Herkmown  Antount of arreange and other charges at time case filed included secured claim. If any: 3.3.004.11  Up to \$1.325° of departs toward purchase, learn, or result of proper or services for personal, family or household use -11 U.S.C  SO7(a)(7)  Thick or penalties award to governmental units - 11 U.S.C  SO7(a)(7)  Thick or penalties award to governmental units - 11 U.S.C  SO7(a)(7)  Amounts are subject to adjustment as M/1/07 and every 1 years therealt write are subject to adjustment as M/1/07 and every 1 years therealt write respect to excess commenced on or offer the data of adjustment.  203.004.14 203.004.11 (orlarly) (Tiges)  Stude to the privated amount of the claim. Altach Secretard stagement of All
Unsecured Nonpriority Claims 2003.004.11  Check this box if a) there is no collected or then securing you of your claim exceeds the value of the property securing it, or if c) party part of your claim is calified to priority.  Insecured Priority Claim  Check this box if you have an unsecured cisim, all or part of we patied to priority.  Insecured Priority Claim  Check this box if you have an unsecured cisim, all or part of we patied to priority.  Insecured priority S.  Pacify he priority of the claim.  Despetite support obligations under 11 U.S.C. & 507(a)/1(A) of all (B).  Where, enterior, or commissions (up to \$10,000).* assued within any interest filing of the bankrishing polition or occasion of the dobt planes, whichever is seriler 11 U.S.C. & 507(a)/4.  Contributions to an employee benefit plan - 11 U.S.C. & 507(a)  Check this box if alarm includes interest or other charges in additional, or eddinarial charges.  Check this box if alarm includes interest or other charges in additionals, or eddinarial charges.  Creater The surrount of all pay marks on this chare has sucking this proof of claim.	Separat Claim  If claim, or a right of senal?  Real Base Motor Vehicle Other—  Value of Collegeral \$ 117100000  Antount of arrange and other charges at time case filed included secured claim. If any: \$ 3.006.11  Up to \$2.225° of deposes toward purchase, learn, or result of property or services for personal, furnity or household use -11 U.S.C \$ 507(a)(7)  Thick or pensittes awad to governmental units -11 U.S.C \$ 507(a)(7)  Thick or pensittes awad to governmental units -11 U.S.C \$ 507(a)(7)  Thick or pensittes awad to governmental units -11 U.S.C \$ 507(a)(7)  Thick or pensittes awad to governmental units -11 U.S.C \$ 507(a)(7)  Amounts are subject to adjustment as all 107 and every 1 years therealt write respect to case commenced as or offer the date of adjustment and the commenced of the date of adjustment and the prival account of the claim. Alcach iterated statement of all accounts to the privaled amount of the claim. Alcach iterated statement of all and dadected for the purpose of This Smot is it in Calact 134; Only 134
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2690-18E-09E 9Z 1T 2002/60/T0

	Distr	ICI OF	Nevada	PROOF OF CLAIM
Name of Debtor	Case Nu	mber		PROOF OF OLDINA
USA Commercial Martingo	6	16-1	10125-1BR	
NOTE This form should not be used to make a claim for an admini	istrative expens	se ansing	after the commencement	
of the case. A request for payment of an administrative expense in	ay be filed pu	suant to	11 USC § 503	
Name of Creditor (The person or other entity to whom the			ou are aware that anyone proof of claim relating to	
debtor owes money or property) LARRY I NEWARN. ELSIE D NEWYARN TRUSTEES OF THE			ach copy of statement	
NEWMAN FAMILY TAIST Dated 9/30/97	giving	particula	rs	
Name and address where notices should be sent			ou have never received any e bankruptcy court in this	
LARRY NEWMAN 1775 AUTUMN VAILEY WAY REND, NV 895123	case			
1775 AUTUMA VAMEN WAY REAL ON 895123			e address differs from the envelope sent to you by	
Telephone number 7/3 -322 4377	the co			THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check		replaces	led claim dated
identifies debtor 1 lient 5745 Acct # 5537	ıf this		<u></u>	
1 Basis for Claim	ļ		ree benefits as defined in es salaries and compen	
Goods sold Services performed	1	_ was	four digits of your SS #	sation (iiii out below)
Money loaned			aid compensation for sc	
Personal injury/wrongful death		fron	1	to
Taxes See Exhibit A			(date)	(date)
2 Date debt was incurred	3	If court	judgment, date obtaine	ed
10/1/04				
Unsecured Nonpriority Claim s 500, 119, 2  Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority		a right o	neck this box if your clain of setoff)	is secured by collateral (including
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Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$	or \$\frac{1}{8}\text{or s} \times Amount (a)(5) \$\frac{1}{8}\text{otor s} \times Amount (a)(5) \$\frac{1}{8}\text{otor s} \text{otor s} o	Amount secured  Ip to \$2.2 r service. 507(a)('axes or pather Spanns are auth respective principal dideduction of the promiss degments AL DOC	Real Estate Moto Mulue of Collateral S. Moto Mulue of Collateral Mulue of Collater	arges at time case filed included in the rys  urchase lease or rental of property nousehold use - 11 U S C  mental units - 11 U S C § 507(a)(8)  which of 11 U S C § 507(a)()  and every 3 years thereafter in or after the date of adjustment  2
Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$	which is  or  inin 180 or  stanta (a)(5)  self-  ddition to the en credited and ments such as tracts court ju END ORIGIN, luminous, atta	Amount secured for to \$2.27 reservice 507(a)('axes or pather Spannes are with respectively for the secure for t	Real Estate Moto Mule of Collateral S Moto of arrearage and other checiain if any S Moto arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto or I S Moto of a Moto of the charm of the claim Attended for the purpose of ory notes purchase mortgages security UMENTS If the mary	arges at time case filed included in the rys  urchase lease or rental of property nousehold use - 11 U S C  mental units - 11 U S C § 507(a)(8)  which of 11 U S C § 507(a)()  and every 3 years thereafter in or after the date of adjustment  2
Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$	which is  or  inin 180 or  stanta (a)(5)  self-  ddition to the en credited and ments such as tracts court ju END ORIGIN, luminous, atta	Amount secured for to \$2.27 reservice 507(a)('axes or pather Spannes are with respectively for the secure for t	Real Estate Moto Mule of Collateral S Moto of arrearage and other checiain if any S Moto arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto of arrearage and other checiain if any S Moto or I S Moto of a Moto of the charm of the claim Attended for the purpose of ory notes purchase mortgages security UMENTS If the mary	arges at time case filed included in the rys  urchase lease or rental of property nousehold use - 11 U S C  mental units - 11 U S C § 507(a)(8)  which of 11 U S C § 507(a)()  and every 3 years thereafter in or after the date of adjustment  2

Case 06-10725-gwz Doc 8599	<u>-3 E</u> r	ntered 07/10/11 15:	13:36 Pa	ge 7 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claım I	
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classifica	ation
OOA Commercial Mortgage Company	00-101	20-LDN	\$12 285 97 Unse	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  NOVAK LIVING TRUST DTD 10/21/97 C/O FRANK T NOVAK & PATRICIA A NOVAK TRUSTEES 2593 SUMTER ST HENDERSON NV 89052 7113  Creditor Telephone Number ( )	of an 00848	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the I you agree with the other claim agains this proof of claim If the amounts st Unliquidated or E filed If you have aln Bankruptcy Court	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein and have no it the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent, Disputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	ces	
		If this claim amer	<ul> <li>a previously</li> </ul>	y filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation		Other claims against service
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) you	our claim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of Real Estate	_	. [] Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		e L Other
Amount entitled to priority \$			·	o at turns soon filed makeded in
Specify the priority of the claim		secured claim, if any	\$	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days	_	services for personal family of	r household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go  Other Specify applicable para		
Contributions to an employee benefit plan 11 USC § 507(a)(5)	L	* Amounts are subject to adjus	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 2 STYR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	with respect to cases commen	ced on or after the	<del></del>
5 TOTAL AMOUNT OF CLAIM \$ 2.500 \$ 3		secured)	(mmants) <b>8</b>	\$ 3500 300
Check this box if claim includes interest or other charges in addition to the	,	,	pnority) <b>4</b> mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				· · · · · · · · · · · · · · · · · · ·
7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain. If the documents are not available.	<i>ıments</i> , su agreemen	ich as promissory notes pur ts and evidence of perfectio	chase orders inv	voices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED)	t by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO		OR OVERNIGHT DELIVERY TO	ı	
BMC Group	BMC Gro			
P O Box 911	1330 Eas	t Franklın Avenue	INCL	JUN 0 4 2007
		do CA 90245		USA CMC
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned)	ey) if any)	- 1 -		
Was 30, 300 Frat 16 8 + 2	Que?	e la Morac		1072502483

FORM B10 (Official Form 10) (10/05)

		<del></del>
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor	Case Number	
USA Commercial Mortgage Company	9 06-10725-LBR	
NOTE: This form should not be used to make a claim for an administra	nive expense arising after the commencement	
of the case. A request' for payment of an administrative expense may be	be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
debtor owes money or property)	else has filed a proof of claim relating to your claim. Attach copy of statement	
John E O'Riordan & Sonhild A O'Riordan	giving particulars.	
if Pyame and address where holices should be seld	Check box if you have never received any	
Hr 2 Mrs John O'Riordan	notices from the bankruptcy court in tors	
Hr 2 Mrs John O'Riordan 2745 Hartwick Pines Dr Henderson Nv 89052-7002	Check box if the address differs from the	
Telephone number 702-641-5522	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	
identifies debtor	if this claim amends a previously filed	claim dated
1 Basis for Claim	Retiree benefits as defined in 11	USC § 1114(a)
Goods sold	Wages, salaries and compensation	on (fill out below)
Services performed  Money loaned	Last four digits of your SS # Unpaid compensation for service	es performed
Personal mjury/wrongful death	fromto	•
X Other See Exhibit A	(date)	(date)
2. Date debt was incurred	3. If court judgment, date obtained	
Jan 2005	2. If tout fuginess, once obtained	
4 Classification of Claim Check the appropriate box or boxes that	best describe your claim and state the amount of	the claim at the time case file
See reverse side for important explanations	Secured Claim	The same of the sa
Unsecured Nonpriority Claim \$ 1,738,252 26	Check this box if your claim is s	soured by antistant washing
Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it, or if c) non only part of your claim is entitled to priority	laim, or a right of sctoff)	ecored by constent (raditioning
only part of your claim is entitled to priority	Brief Description of Collateral	
Unsecuted Priority Claim	Real Estate Motor Ve	F 4
Check this box if you have an unsecured claim, all or part of whic	ch is Value of Collateral \$ Unk	nown
entitled to priority	Amount of arrearage and other charge	s at time case filed included in
Amount entitled to priority \$	secured claim, if any \$ 24,805	126
Specify the priority of the claim	Up to \$2,225* of deposits toward purch	ase, lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) or	or services for personal family or house § 507(a)(7)	ehold use - 11 USC
(a)(1)(B)	Taxes or panelines away to assure manual	umis - 11 USC 8 507(a)(8)
Wages satures, or commissions (up to \$10,000),* earned within 18 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	Other - Specify applicable paragraph of	
<del>     </del>	The state of the s	7 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(a)(5)	with respect to cases commenced on or a	fter the date of adjustment
5. Total Amount of Claim at Time Case Filed.	1738 252 26 1738 251 26	1738.252 26
Check this box if claim includes interest or other charges in additional observes.	(inscored) (secured) (price to the nancipal amount of the claim. A trock of	meters (Product)
morest or accurotal charges		contact statement of all
6. Credits. The amount of all payments on this claim has been cre-	dited and deducted for the purpose of Tim	S SPACE IS HOR COURT US! ONLY
making this proof of claim  7 Supporting Documents: Attach comes of supporting documents	ì	n connection to special fi
7 Supporting Documents: Attach copies of supporting documents, orders invoices itemized statements of running accounts, contracts.	, such as promissory notes, purchase  Court judgments, mortgages, security	
agreements, and evidence of perfection of lien DO NOT SEND O	ORIGINAL DOCUMENTS If the	
documents are not available explain it the documents are voluments	aus attach a cummen.	N 1 0 2007
8 Date-Stamped Copy. To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim	of your claim, enclose a stamped. Well-U	14 T A MAA
Date Sign and print the name and title, if any, of the c	regitor or other person authorized to	
file this claim (attach copy of power of attorney,	if any)	1
1/9/07 John E O'Riordan	Souhild A O'Riordan	1101 0110
Jon Son	held A.O'Riprolen	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imp	risonment for up to 5 years or both. 18 U.S C	11   1   1   1   1   1   1   1   1   1

UNITED STATES BANKRUPTCY COURT  OISTRICT OF NEVADA	PROOF OF CLAIM			AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim il	D s32195
USA Commercial Mortgage Company	06-107	'25-LBR	Amount/Classifica \$12 285 97 Unser	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  OSVALDO ZUNINO LIVING TRUST DATED 12/18/98 C/O OSVALDO ZUNINO TRUSTEE 3575 TIOGA WAY LAS VEGAS NV 89109 3340  Creditor Telephone Number ( )	t of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the D you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or D filed If you have alro Bankruptcy Court	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein and have no tithe Debtor you do not need to file EXCEPT as stated below from above are listed as Contingent, elisputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replain or if this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM  Goods sold Personal injury/wrongful death Taxes  Money loaned Other (describe briefly)	Wages, : Last four	penefits as defined in 11 U S salaries and compensation if digits of your SS # compensation for services pe	(fill out below)	Unremitted principal Other claims against service (not for loan balances)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best describ	pe your claim and state the amou	nt of the claim at the	e time case filed
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority		SECURED CLAIM  Check this box if you a right of setoff)  Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority		Value of Collateral	7	
· · · · · · · · · · · · · · · · · · ·		secured claim if any		at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225 of deposits towa services for personal family o	rd purchase léase	or rental of property or
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$	62	<u>0,000</u> -\$		\$ 620,000
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	( pnority) mized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts court judgments, mortgages security DOCUMENTS If the documents are not available, explain. If the	<i>uments,</i> su agreement	ch as promissory notes pure ts and evidence of perfection	chase orders, inv	voices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self addresse	d envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED)	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245 0911	BMC Grou Attn USA 1330 East	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente t Franklin Avenue to CA 90245		LED JUN 1 8 2007
SIGN and print the name and title if any of the this claim (attach copy of power of attorn and the state of the copy of power of attorn and the state of the copy of power of attorn and the copy of t	ney ifany) ı	other person authonzed to file		USA CMC

Case 06-10725-gwz Doc 8599-3 Entered 07/10/11 15:13:36 Page 10 of 11 FORM B10 (Official Form 10) (10/05) DISTRICT OF NEVADA UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 ☐ Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property) your claim. Attach copy of statement HANS J. Prakelt giving particulars ☐ Check box if you have never received any Name and address where notices should be sert

ROBERT C. LEPOME

10/20 S. EASTERN # 200 notices from the bankruptcy court in this ☐ Check box if the address differs from the HENDERSON, NV 89052 Telephone number (702) 492-1271 address on the envelope sent to you by THIS SPACE IS FLAC C. SHI USI ONLY the court. Check here I replaces Last four digits of account or other number by which creditor of this claim a mends a previously filed claim, dated. 80 identifies debtor Retiree benefits as defined in 11 USC § 1114(a) Rasis for Claum GENERAL UNSECURED [ Wages, salaries, and compensation (fill out below) Goods sold CHAIM-CLASS 4 Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death to from Taxes (date) (date) NEGLICENCE + FRAUD **(2)** Other -If court judgment, date obtained Date debt was incurred. JAN 1, 2005 3. APRIL 12, 2006 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim 5 55, 375 Check this box if your claim is secured by collateral (including Check this box if. a) there is no collateral or hen securing your claim, or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other-Unsecured Priority Clann Value of Collateral 5\_\_\_ Check this box if you have an unsecured claim all or part of which is Amount of arrearage and other charges at tune case filed included in entitled to priority secured claim, if any \$\_\_ Amount entitled to priority S\_ Up to \$2,225\* of deposits toward purchase, lease or rental of Specify the priority of the claim or services for personal, family, or household use - 11 U S C ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)Taxes or penalties owed to governmental units - 11 U.S C § 507(a)(8) ☐ Wages, salaries, or commissions (up to \$10 000),\* earned within 180 Other - Specify applicable paragraph of II USC § 507(a)(\_ days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) \*Amounis are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) \$55,378 *55,* 3 Total Amount of Claim at Time Case Filed. (unecoured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges The amount of all payments on this claim has been credited and deducted for the purpose of Credits: THIS SPACE IS HOR COURT USE ONLY making this proof of claim. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the FILED DEC 0 6 2006 documents are not available, explain. If the documents are voluminous attach a summary Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim Sign and print the name and title, if any of the creation in other person authorized to Date

> BAD-# 1980 C. LEPOME, ATTY FOR CLAIMANT

file this claim (ansel copy of hower of attorbe, if any).

12-04-06

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada						
					PROOF OF CLAIM	
	USA Commercial Montgage Company 06-10725-LBR					
NOTE This form should not be used						
of the case. A request for payment of	of an administrative expense ma	y be filed	pursuan	t to 11 U	JSC \$ 503	
Name of Creditor (The person or other	entity to whom the	111		-	e aware that anyone	
debtor owes money or property)  Robert G. Fuller True	stee of the			•	f of claim relating to copy of statement	
RGF REVOCAble Trust	-	l 🗂 🐣	ng parti			
Name and address where notices show					ive never received an nkruptcy court in thi	
Robert Fuller		Case	•			
5172 English Daisy Wa Las Vegas, NV 89742	<del>"</del>				dress differs from the lope sent to you by	
Telephone number 702 207-	- 499)	the	court			THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other nui	mber by which creditor		ck here us claum		laces	iled claim dated
		11 (1				
1 Basis for Claim Goods sold						n II U S C § III4(a) esation (fill out below)
Services performed				Last four	r digits of your SS #	#
Money loaned	daash				compensation for se	
Personal injury/wrongful Taxes			f	rom	(date)	to (date)
Other See Fyhibi	T.T				(uaic)	(date)
2 Date debt was incurred		3	If co	urt judg	gment, date obtain	ed
April 2004	la sassassas la sasta de la sasta					
4 Classification of Claim Check to See reverse side for important expli	ne appropriate box or boxes th anations	at best des				nt of the claim at the time case filed
Unsecured Nonpriority Claim \$			I — .	ired Cl		
Check this box if a) there is no b) your claim exceeds the value of the	collateral or hen securing you	r claım or	a rig	Check ht of set	this box if your clair toff)	n is secured by collateral (including
only part of your claim is entitled to	e property securing it or if c) i	none or		Brief D	Description of Collat	eral
Unsecured Priority Claim			1		al Estate Moto	
Check this box if you have an ui	nsecured claim all or part of w	hich is	ł	Value o	of Collateral \$	mkxxwn_
entitled to priority	1		Amo	unt of ar	rrearage and other ch	arges at time case filed included in
Amount entitled to priority \$			secu	red clain	n If any \$3,5	13.62
Specify the priority of the claim		П	Up to S	\$2,225*	of deposits toward p	ourchase lease or rental of property
Domestic support obligations und	ler 11 USC § 507(a)(1)(A) o	r	or serv § 507(	ices for j	personal family or	household use 11 USC
(a)(1)(B)					ies owed to governn	nental units 11 USC § 507(a)(8)
Wages salaries or commissions (days before filing of the bankruptcy per	etition or cessation of the debi	1 180 T				oh of 11 USC § 507(a)()
business whichever is earlier 11 U S	C § 507(a)(4)	*Ar				4/1/07 and every 3 years thereafter
Contributions to an employee be		)(5)	with re	spect to	cases commenced of	n or after the date of adjustment
5 Total Amount of Claim at Ti	me Case Filed	\$	243,5 (unsec		\$243,523.62	243,523.62
Check this box if claim includes interest or additional charges	nterest or other charges in add	lition to th	e princi	pal amo	(secured) unt of the claim Att	(priority) (Total) ach itemized statement of all
6 Credits The amount of all pay	yments on this claim has been	credited a	ınd dedi	icted for	the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim  7 Supporting Documents Attack	h conves of support and January	amen al	00		otas mt	
orders invoices itemized statemen	its of running accounts contra	cts court	as prom iudgme	nssory n nts-mor		
agreements and evidence of perfe	ection of lien DO NOT SEN	D ORIGII	VAL DO	OCUME	ENTS If the	FILED JAN 11 2007
documents are not available expla  8 Date Stamped Copy To receive						HILL JHILL
8 Date Stamped Copy To receive addressed envelope and copy of the	s an acknowledgment of the file proof of claim	ing of you	ır ciaim	enclose	a stamped self-	
Date Sign and print	the name and title if any of t	ne creditor	or othe	r persor	authorized to	
1-10-07	(attach copy of power of attor				,	USA CMC
Kobus	a Fully 7	Trust	9.0			